



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E424432**

| | | |
|---|--------------------------------------|---|
| INTERSTATE <input type="checkbox"/> | CITY STREET <input type="checkbox"/> | FIRE RESULTED <input type="checkbox"/> |
| STATE ROUTE <input checked="" type="checkbox"/> | OTHER <input type="checkbox"/> | STOLEN VEHICLE <input type="checkbox"/> |
| COUNTY RD <input type="checkbox"/> | PRIVATE WAY <input type="checkbox"/> | HIT & RUN INVOLVED <input type="checkbox"/> |

| |
|--------------------|
| TRIBAL RESERVATION |
|--------------------|

| | | | |
|---------------------|----------|---------------|-----------|
| CASE # | 15-01167 | | |
| LOCAL AGENCY CODING | 0664 | | |
| TOTAL # OF UNITS | 04 | OBJECT STRUCK | GUARDRAIL |

| | | | | | | | | | | | |
|-------------------|----------------|-------------|------|----------|----|-------|---|-------|-------------------------------------|--------|------|
| DATE OF COLLISION | 05 - 08 - 2015 | TIME (2400) | 1427 | COUNTY # | 31 | MILES | N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> | IN OF | <input checked="" type="checkbox"/> | CITY # | 0664 |
|-------------------|----------------|-------------|------|----------|----|-------|---|-------|-------------------------------------|--------|------|

| | | | | |
|--------------------------|--|---|-----------|--|
| ON (PRIMARY TRAFFIC WAY) | INTERSECTION <input checked="" type="checkbox"/> | NON-INTERSECTION <input type="checkbox"/> | | |
| SR 9 SE | BLOCK NO. <input checked="" type="checkbox"/> | 2500 | MILE POST | |

| | | | | | |
|----------|--|-------|---|--------------------------------|-------------------|
| DISTANCE | | MILES | N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> | OF (REFERENCE OR CROSS STREET) | S LAKE STEVENS RD |
|----------|--|-------|---|--------------------------------|-------------------|

| | | | | | |
|---------|---|--------------------------------------|--|-------|---------------|
| UNIT 01 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | PHONE | D: 4253345687 |
|---------|---|--------------------------------------|--|-------|---------------|

| | | | | | |
|-----------|-------|------------|--------|----------------|---|
| LAST NAME | FOSSE | FIRST NAME | SAWYER | MIDDLE INITIAL | B |
|-----------|-------|------------|--------|----------------|---|

| | |
|--------------------|-----------------|
| STREET NEW ADDRESS | 3404 113 AVE NE |
|--------------------|-----------------|

| | | | | | |
|------|--------------|----|----|-----|-------|
| CITY | LAKE STEVENS | ST | WA | ZIP | 98258 |
|------|--------------|----|----|-----|-------|

| | | |
|-----|--------------|--------------|
| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

| | | | | | | | |
|--------------------|--------------|-------|----|-----|---|-----------------|----------------|
| DRIVER'S LICENSE # | FOSSESB010J5 | STATE | WA | SEX | M | D.O.B. MMDDYYYY | 04 - 25 - 1999 |
|--------------------|--------------|-------|----|-----|---|-----------------|----------------|

| | | | | | | | | | | | |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | INJURY CLASS | 1 | NATURE OF INJURIES |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|

| | | | | | |
|-----------------|---------|-------|----|------|-------------------|
| LICENSE PLATE # | CHLYWLY | STATE | WA | VIN# | JM1FC3521L0710025 |
|-----------------|---------|-------|----|------|-------------------|

| | | | |
|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

| | | | | | | | | | | |
|-----------|------|------|------|-------|-------|-------|----|---|----------|---|
| VEH. YEAR | 1990 | MAKE | MAZD | MODEL | RX7CV | STYLE | CV | VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|------|------|------|-------|-------|-------|----|---|----------|---|

REGISTERED OWNER INFO. STEVEN FOSSE 3404 113TH AVE NE LAKE STEVENS WA 98258

| | | |
|---|-------------------------|----------------------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | ALLSTATE 064 716 664 |
|---|-------------------------|----------------------|

| | | | | |
|---|------------|-----------|--------|--------------------------------|
| VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION # | 5Z0601627 | CHARGE | IMPROPER PASSING ON RIGHT SIDE |
|---|------------|-----------|--------|--------------------------------|



| | | | | | | | |
|---------|---|--------------------------------------|-------------------------------------|---|--|-------|---------------|
| UNIT 02 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input type="checkbox"/> | DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | PHONE | D: 3609414787 |
|---------|---|--------------------------------------|-------------------------------------|---|--|-------|---------------|

| | | | | | |
|-----------|-------|------------|--------|----------------|---|
| LAST NAME | JAMES | FIRST NAME | JOSHUA | MIDDLE INITIAL | A |
|-----------|-------|------------|--------|----------------|---|

| | |
|--------------------|-----------------------|
| STREET NEW ADDRESS | 18615 W BIG LAKE BLVD |
|--------------------|-----------------------|

| | | | | | |
|------|--------------|----|----|-----|-----------|
| CITY | MOUNT VERNON | ST | WA | ZIP | 982748396 |
|------|--------------|----|----|-----|-----------|

| | | | | |
|-----|---|--------------|--------------|------|
| CDL | A | RESTRICTIONS | ENDORSEMENTS | N, T |
|-----|---|--------------|--------------|------|

| | | | | | | | |
|--------------------|--------------|-------|----|-----|---|-----------------|----------------|
| DRIVER'S LICENSE # | JAMESJA228JH | STATE | WA | SEX | M | D.O.B. MMDDYYYY | 04 - 08 - 1978 |
|--------------------|--------------|-------|----|-----|---|-----------------|----------------|

| | | | | | | | | | | | |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | INJURY CLASS | 1 | NATURE OF INJURIES |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|

| | | | | | |
|-----------------|---------|-------|----|------|-------------------|
| LICENSE PLATE # | C70153C | STATE | WA | VIN# | 1NKDXU0X36R129564 |
|-----------------|---------|-------|----|------|-------------------|

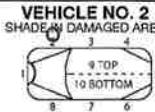
| | | | |
|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

| | | | | | | | | | | |
|-----------|------|------|----|-------|------|-------|----|---|----------|---|
| VEH. YEAR | 2006 | MAKE | KW | MODEL | DUMP | STYLE | CC | VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|------|------|----|-------|------|-------|----|---|----------|---|

REGISTERED OWNER INFO. AA INC 14720 PUYALLUP ST E SUMNER WA 98390

| | | |
|---|-------------------------|------------------------------------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | CONTINENTAL WESTERN INC CWP2373803 |
|---|-------------------------|------------------------------------|

| | | |
|---|------------|--------|
| VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION # | CHARGE |
|---|------------|--------|



| | | | | | |
|------------------------|----------------|---------------|-----|--------|-----------|
| OFFICER'S NAME (PRINT) | KERRY BERNHARD | BADGE OR ID # | 120 | AGENCY | WA0311900 |
|------------------------|----------------|---------------|-----|--------|-----------|



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E424432**

CASE # **15-01167**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|--------------------------|--|-------------------------------------|--------------------|--|--------------|--|--------|--|-----------|--|-------|--|---------------|--|-----------------|--|--------------------|--|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | OSBORNE KELSEY A | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | 1101 AVE D F204 SNOHOMISH WA 98290 4254223733 | | | | | | | | | | | | | | | | | |
| SEX | | F | | D.O.B. MMDDYYYY | | 09 | | - | | 10 | | - | | 1987 | | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input checked="" type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | | | | | | | | |
| SEX | | | | D.O.B. MMDDYYYY | | | | - | | | | - | | | | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | | | | | | | | |
| SEX | | | | D.O.B. MMDDYYYY | | | | - | | | | - | | | | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | |

NARRATIVE

On 5/8/2015 at about 1427, Unit 1 was travelling southbound on SR 9 SE. SR 9 southbound is a single lane. At the intersection of 20th ST SE a second southbound lane of travel is opened and is a right turn only lane exiting onto S. Lake Stevens RD. Unit 1 entered the exit only lane and attempted to pass southbound traffic on the right side. Unit 2 was travelling southbound in the southbound lane of travel. Unit 1 left the right turn only lane and entered Unit 2's lane, colliding with Unit 2. The collision cause Unit 1 to skid and rotate. Unit 1 crossed the northbound lane and colided with Unit 3 which was travelling northbound at that time. Unit 1 continued east and struck the eastern guardrail before coming to a stop.

Unit 3 was towed from the scene. The driver of Unit 3 complained of neck and back pain resulting from the collision. Unit 1 and Unit 2 were able to be driven from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

05-13-15 06:18 PM

DATED

PLACE SIGNED

APPROVED BY
ROBERT MINER 095

DATE
5/14/2015 8:04:37 AM

| | | | | | | | |
|---------------|------------|-------|------------------|------------------------|----------------|---------------------|----------------|
| BADGE OR ID # | 120 | ORI # | WA0311900 | TIME POLICE DISPATCHED | 2:28 PM | TIME POLICE ARRIVED | 2:30 PM |
|---------------|------------|-------|------------------|------------------------|----------------|---------------------|----------------|



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E424432**

CASE # **15-01167**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

D: 3604883464

LAST NAME

GLADISH

FIRST NAME

JACQUELINE

MIDDLE INITIAL

A

STREET NEW ADDRESS

606 228TH ST SW APT J202

CITY

BOTHELL

ST

WA

ZIP

980218552

CDL

RESTRICTIONS

B

ENDORSEMENTS

DRIVER'S LICENSE #

GLADIJA365MF

STATE

WA

SEX

F

D.O.B. MMDDYYYY

07

-

06

-

1964

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

INJURY CLASS

7

NATURE OF INJURIES

NECK AND SHOULDER PAIN

LICENSE PLATE #

ADD2072

STATE

WA

VIN#

JTDKN3DU0A1282659

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2010

MAKE

TOYT

MODEL

PRIUS

STYLE

4H

VEHICLE TOWED YES ☒ NO ☐

TOWED BY

ANGEL TOWING

GOVT VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. JACKIE GLADISH 7141 GUEMES ISLAND RD ANACORTES WA 98221

LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO & POLICY # GEICO 4013-43-74-98

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

4

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☒

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

D: 3607057438

LAST NAME

WSDOT

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

310 MAPLE PARK AVENUE SE PO BOX 47300

CITY

OLYMPIA

ST

WA

ZIP

98504

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

U

D.O.B. MMDDYYYY

-

-

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

05-13-15 06:18 PM

DATED:

PLACE SIGNED

BADGE OR ID #

120

ORI #

WA0311900

APPROVED BY

MINER

DATE

5/14/2015

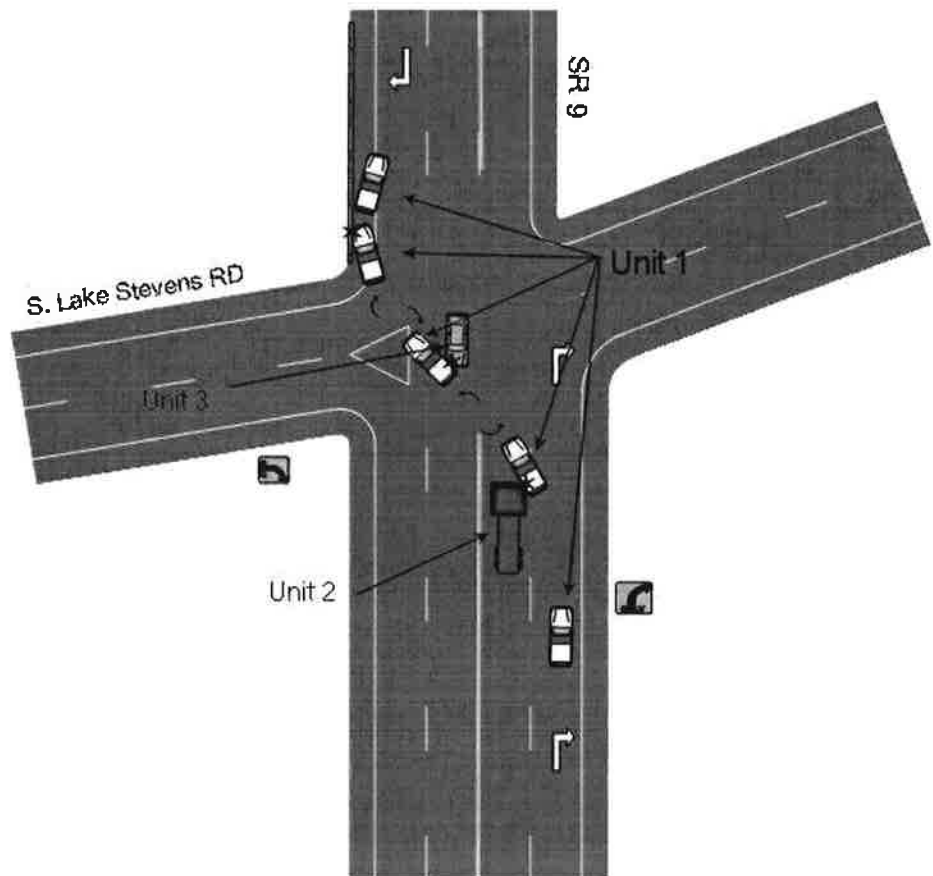
PAGE

3

OF

4

Not to Scale



VICTIM/WITNESS STATEMENT

CASE NUMBER

15-1167



VICTIM / WITNESS

| | | | | | | | | | | |
|--|---|---|-----|---|----------------|--------------|-----|-------------|------|------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE) Osborne, Kelsey, Alyce | RACE White | ETH | SEX F | DOB 9-10-87 | AGE 27 | HGT | WGT | HAIR | EYES |
| STREET ADDRESS 1101 Ave D Apt. F204 | | CITY Snohomish | | STATE WA | | ZIP 98290 | | RES. STATUS | | |
| HOME PHONE | | CELL PHONE 425-422-3733 | | PLACE OF EMPLOYMENT Lake Stevens School District | | | | | | |
| WORK PHONE | | EMAIL ADDRESS Kelsey-Osborne@comcast.net | | | | | | | | |

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was heading south on Highway 9 when I saw a white Mazda convertible switch over to the right lane. He sped up and then attempted to ~~get~~ get in front of a red ~~car~~ dump truck. As he was switching lanes, he lost control. He spun around and crossed the North bound lane of Highway 9 before hitting the guard rail. As the car was ~~crossing~~ crossing the North bound lane, it ~~did~~ looked like it clipped an oncoming car.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

| | | |
|----------------------------------|-----------------------|-------------------------------------|
| SIGNATURE: <i>Kelsey Osborne</i> | DATE SIGNED 5/8/15 | LOCATION SIGNED Lake Stevens |
| OFFICER/NUMBER: <i>L. B. #20</i> | DATE SIGNED 5/8/15 | LOCATION SIGNED LAKE STEVENS, WA |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-1167



VICTIM / WITNESS

| | | | | | | | | | | |
|--|--|--|------------|---------------------------------|-------------------|--------------|-----------|-------------|------------|------------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE) Gladish, Jacqueline A | RACE NA | ETH N/A | SEX F | DOB 07/06/1964 | AGE 50 | HGT 55 | WGT 150 | HAIR BR | EYES BR |
| STREET ADDRESS 606 228th St SW Unit 202 | | CITY Bothell | | STATE WA | | ZIP 98021 | | RES. STATUS | | |
| HOME PHONE N/A | | CELL PHONE 360-488-3464 | | PLACE OF EMPLOYMENT DHS FEMA | | | | | | |
| WORK PHONE 425-487-4625 | | EMAIL ADDRESS jackie.gladish@fema.dhs.gov | | | | | | | | |

I, Jackie Gladish, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Driving Northbound on Hwy 9, May 8, 2015, approximately 7:30. When I was hit ~~back~~ on the passenger side front end by a Southbound white convertible car. After the collision I moved into the center turn lane, called 911 and waited for aid to arrive.

The convertible crossed the center lane, I slowed down to avoid a direct head on collision.

My neck is beginning to hurt - I released the EMS crew and initially declined aid.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

| | | |
|----------------------------------|-------------------------|---------------------------------|
| SIGNATURE: | DATE SIGNED 5/8/2015 | LOCATION SIGNED Lake Stevens |
| OFFICER/NUMBER: DC-WRUS / 131 | DATE SIGNED 5/8/15 | LOCATION SIGNED CKS |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

FAX COVER SHEET

| | | | |
|-------|--------------------------|--------|--------|
| TO: | SNOPAC | FAX: | |
| FROM: | BERNHARD H 20 | DATE: | 5/8/15 |
| CC: | | PAGES: | 2 |
| RE: | | | |

☒ WHEN THIS BOX IS CHECKED, THE FOLLOWING IS **CONFIDENTIAL POLICE INFORMATION** AND MAY NOT BE DISSEMINATED.

PLS ENTER IMPAND
THV

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND/TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 89.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ___ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM _____

CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY AFTER THE IMPOUND.

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER
15-01167

VEHICLE INFORMATION

VIN

J T D K N 3 D U 0 A 1 2 8 2 6 5 9

LICENSE

ADD2072

STATE

WASHINGTON

YEAR

2010

MAKE

TOYOTA

MODEL

PRIUS

☐ Report of Sale

MILEAGE

☒ Digital

DIGITAL UNREADABLE

STYLE

HATCHBACK 4 DOOR

COLOR

SILVER/ALUMINUM

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI)

GLADISH, JACQUELINE A

NAME (LAST, FIRST, MI)

GLADISH, JACKIE A

NAME (LAST, FIRST, MI)

LEGAL SAME

STREET ADDRESS

606 228TH ST SW APT J202

STREET ADDRESS

7141 GUEMES ISLAND RD

STREET ADDRESS

CITY, STATE, ZIP CODE

BOTHELL, WA 980218552

CITY, STATE, ZIP CODE

ANACORTES, WA 98221

CITY, STATE, ZIP CODE

PHONE

(360)488-3464

DOB

PHONE

PHONE

AUTHORIZATION AND RECEIPT

ON 5/8/2015 AT 15:12 PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS:

IN THE DESCRIBED VEHICLE, I AUTHORIZED

ANGEL

(TOWING FIRM)

50245

(DOL TRUCK NO.)

DRIVEN BY

ANDREW

(DRIVER'S PRINTED FIRST AND LAST NAME)

TO REMOVE THIS VEHICLE FROM

2500 SR 9 SE/S LAKE STEVENS RD

(LOCATION)

EQUIPMENT

DAMAGE

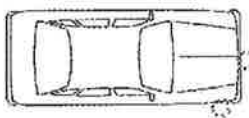
EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

- ☒ [1] KEYS
☐ LOCKED TRUNK
☐ LOCKED GLOVE BOX
☐ LOCKED CENTER CONSOLE
☐ AUTO STEREO
☐ [] DISC(S)
☐ HANDS FREE DEVICE
☐ GPS
☐ RADAR / LIDAR DETECTOR
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER _____

- ☒ FRONT
☒ R FRONT
☐ R SIDE
☐ R REAR
☐ L FRONT
☐ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER _____

SHADE DAMAGED AREA



INVENTORY

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

Tow due to collision damage.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☐ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC
SIGNATURE

Kerry Bernhard

SNOHOMISH, WA

120

Lake Stevens PD

3000-110-078 (R 07/13)

COUNTY, WA

BADGE NO.

AGENCY

Lake Stevens PD
AGENCY

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check one)

Police Impound ☒Private Impound ☐Repo ☐

For Police Impound: Reason for Impound and Case Number (if available):

(DUI, DWLS, COL, ABAND, VEHR, EVIDENCE, Etc.)

Case Number: 15-01107

Reason: Collision Damage

MKE/ (Circle One)

EVI

EVIP

EVR

ORI/ WA0311900

LIC/ ADD2012

LIS/ WA

LIY/ 2010

LIT/

VIN/ JTDKN3DU0A1283059

VYR/ 2010

VMA/ Toyota

VMO/ Prune

VST/

VCO/ Silver

DATE OF IMPOUND/REPO:

5/8/15

TOW COMPANY NAME:

Angel Towing

TOW COMPANY OCA/**

5024

PHONE #: 360-5108-0918

**(For Repossession Company with no DOL issued OCA, use 5999)

Address Taken From:

2500 SR 9 SE, Lake Stevens

City of Jurisdiction:

Lake Stevens

For Repo:

Financial Institution:

Contact Person:

Phone #:

For Teletype:

Date:

5/8/15

Entered By:

2512

Checked By: _____

WAC #:

15V0050747

Checked Date: _____

05/08/2015 16:55 4254073968 SNOBAC
05/08/15 17:52:08 FROM ACCESS - DATABASE ID: WACIC FOR UNIT: ??????
QV.WA031113N.LIC/ADD2072
----- RECORD NUMBER 1 OF 1 -----
EXACT MATCH
NO WANTS-IMPOUNDED VEHICLE (BASED ON LIC,LIS)
MKE/EVI ORI/WA0311900 LIC/ADD2072.WA.2010.PC
VIN/JTDKN3DU0A1282659.2010.TOYT.PRI.4D.SIL DOT/05/08/2015
OCA/5024
MIS/VERIFY 4254073904. COLLISION IMPOUND CN SS15-01167 TO ANGEL TOWING
3605680918
ENT: 05/08/2015 AT 1751 FROM EVECC BY/PD LAKE STEVENS (EVECC)
WAC/15V0050747

| | | | |
|---|--|--|--------------------------------|
| LAKE STEVENS POLICE EVIDENCE UNIT | | Primary Officer/Badge Number <i>2. BERNARD #120</i> | Case Number <i>15-01167</i> |
| Type of Crime: Felony / Misdemeanor (Circle) | | Type of Case: <i>Accident</i> | Date/Time: <i>5/8/15 1647</i> |
| Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING | | *Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkkg will be held for 60 days or 60 days past owner notification | |

Case # 15-01167

| | | | | | | | | | | |
|--|-------------------------|----------|-------------|-----------------------|------------------|-------------|-------|-----|---------|-------------------|
| Item # <i>165-1</i> | Item <i>Photo CD</i> | | Brand Name | | Storage Location | Disposition | | | | |
| | Brand/Model/Caliber | | | (Further Description) | | | | | | |
| | Action # <i>3</i> | Serial # | Where Found | Weight of Narcotic | | | | | | |
| Owner's Name <i>LSPD</i> | | | | | Address | City | State | Zip | Phone # | Barcode goes here |
| Owner Signature/Other remarks /additional information/ special instructions <i>#120</i> | | | | | | | | | | |
| Item # | Item | | Brand Name | | Storage Location | Disposition | | | | |
| | Brand/Model/Caliber | | | (Further Description) | | | | | | |
| | Action # | Serial # | Where Found | Weight of Narcotic | | | | | | |
| Owner's Name | | | | | Address | City | State | Zip | Phone # | Barcode goes here |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | | | | | |
| Item # | Item | | Brand Name | | Storage Location | Disposition | | | | |
| | Brand/Model/Caliber | | | (Further Description) | | | | | | |
| | Action # | Serial # | Where Found | Weight of Narcotic | | | | | | |
| Owner's Name | | | | | Address | City | State | Zip | Phone # | Barcode goes here |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | | | | | |
| Item # | Item | | Brand Name | | Storage Location | Disposition | | | | |
| | Brand/Model/Caliber | | | (Further Description) | | | | | | |
| | Action # | Serial # | Where Found | Weight of Narcotic | | | | | | |
| Owner's Name | | | | | Address | City | State | Zip | Phone # | Barcode goes here |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | | | | | |
| Item # | Item | | Brand Name | | Storage Location | Disposition | | | | |
| | Brand/Model/Caliber | | | (Further Description) | | | | | | |
| | Action # | Serial # | Where Found | Weight of Narcotic | | | | | | |
| Owner's Name | | | | | Address | City | State | Zip | Phone # | Barcode goes here |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | | | | | |

Evidence Control Use Only:

| | | | | |
|-------------------------|--|-------|--------------------|----------------------|
| Received by Evidence: | NCIC/WACIC <input checked="" type="checkbox"/> | Date: | CAD/RMS Checked | ROUTING: _____ |
| Name: _____ # _____ | NCIC/WACIC + | Date: | Owner Letter Sent: | White: Property Room |
| Date: _____ Time: _____ | NCIC/WACIC - | Date: | Owner Letter Sent: | Yellow: Case File |

| | | |
|-------|-------|------|
| /1527 | CLEAR | 19D1 |
| /1527 | CLOSE | 19D1 |